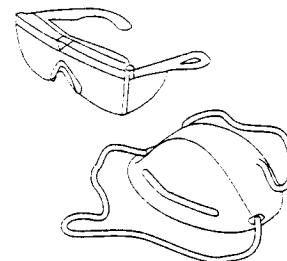


In December 1991, the Occupational Safety and Health Administration (OSHA) issued a final standard regarding occupational exposure to bloodborne pathogens. This standard was designed to protect healthcare workers from the risks of contracting AIDS or hepatitis B as a result of workplace exposures to blood containing the human immunodeficiency virus (HIV) or the hepatitis B virus (HBV). In an office-based medical oncology practice, exposure to bloodborne pathogens results primarily from accidental needle sticks that can occur in the course of drawing specimens for blood tests, preparing and administering parenteral drugs, caring for intravenous catheters, and disposing of contaminated "sharps."

The standard mandates universal precautions to prevent contact with blood or other potentially infectious materials. Compliance methods include:

1. **Providing handwashing facilities** and ensuring that employees use them following exposure to blood or other potentially infectious materials.
2. Providing (at no cost to the employee) and **ensuring that employees use personal protective equipment** including gloves, gowns, face shields or masks, and eye protection. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives should be readily accessible to those employees who are allergic to the gloves normally provided.
3. Providing and ensuring that employees **use appropriate containers for disposal of contaminated, reusable sharps**. These containers must be puncture-proof and leak-proof on the sides and bottom, and appropriately labeled or color-coded. Shearing or breaking of contaminated needles is prohibited.
4. **Maintaining a clean and sanitary workplace**. The standard requires implementation of a written schedule for cleaning that specifies the method of decontamination to be used, in addition to cleaning, following contact with blood or other potentially infectious materials.
5. **Affixing warning labels**, including the orange or orange-red biohazard symbol, to containers of regulated waste and refrigerators, freezers, or other containers used to store or transport blood or other potentially infectious materials. Red bags may be used instead of labeling for handling materials within a facility that is using universal precautions in its handling of all biological specimens.



REFERENCES

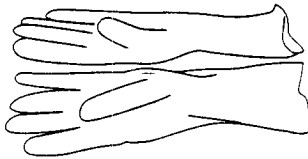
1. Occupational Safety and Health Administration. Occupational exposure to bloodborne pathogens: final rule. 29 CFR Part 1910.1030. *Federal Register* 1991; 56:64175-64182.
2. Centers for Disease Control. Recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures. *MMWR* 1991; 90:9.
3. Mangione CM, Gerberding JL, Cummings SR. Occupational exposure to HIV: Frequency and rates of underreporting of percutaneous and mucocutaneous exposures by medical housestaff. *Am J Med* 1991; 90:85-90.
4. Jaeger J, Hunt EH, Brand-Elnaggar I, Pearson RD. Rates of needle-stick injury caused by various devices in a university hospital. *N Engl J Med* 1988; 319:284-286.

2300670

CALL 1-800-482-6700

SAFE HANDLING SUPPLIES

GLOVES:



Exel™ Exam Gloves: This exam glove can also be used for drug preparation and drug administration if double gloved. These gloves have a thickness of 0.0032.”

CATALOG NUMBER	ITEM	UNIT SIZE	PRICE PER UNIT
530-001	Gloves, latex exam, extra small	100 ea./box	6.95
530-002	Gloves, latex exam, small	100 ea./box	6.95
530-003	Gloves, latex exam, medium	100 ea./box	6.95
530-004	Gloves, latex exam, large	100 ea./box	6.95

Winfield® Chemo Gloves (Green): The CYTAGlove™ is made of a heavy duty latex and features extra long cuffs. These gloves have a thickness of 0.008” to 0.017.”

540-000	Gloves, surgical latex, talc-free, small	50 ea./box	12.00
540-005	Gloves, surgical latex, talc-free, medium	50 ea./box	12.00
540-070	Gloves, surgical latex, large	50 ea./box	12.00

CYTO-Safetec™ Chemo Gloves (Blue): These extra thick gloves made with surgical latex are ideal for drug preparation. This talc-free glove has extra long cuffs for protection. These gloves have a thickness of 0.010” to 0.016.”

520-010	Gloves, surgical latex, talc-free, small	50 pairs/box	26.00
520-020	Gloves, surgical latex, talc-free, medium	50 pairs/box	26.00
520-030	Gloves, surgical latex, talc-free, large	50 pairs/box	26.00

CYTO-Safetec™ Chemo Gloves (Yellow): The thickness of these gloves allows for sensitivity and touch making this glove ideal for administration. Made of surgical latex, this glove is talc-free. These gloves have a thickness of 0.009.”

520-040	Gloves, surgical latex, talc-free, small	50 pairs/box	22.00
520-050	Gloves, surgical latex, talc-free, medium	50 pairs/box	22.00
520-060	Gloves, surgical latex, talc-free, large	50 pairs/box	22.00

BAGS:

Winfield® Infectious Waste Bags: The 30-1/2” x 40” red, plastic bag is clearly labeled “Biohazard.”

540-100	Bags, infectious waste, 30-1/2” x 40”, red plastic	250 ea./case	50.00
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CYTO-Safetec® Chemo Zip Lock Bags: These clear bags are equipped with a zip lock for disposing of cytotoxic agents. Labeled “Caution: Chemotherapy Cytotoxic Agent.”

520-300	Chemo bags, zip lock, 12” x 15”, 4 mil	250 ea./box	108.00
520-310	Chemo bags, zip lock, 6” x 9”, 4 mil	200 ea./case	67.50

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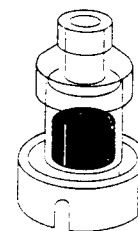
CALL 1-800-482-6700

CYTOGUARD® AEROSOL PROTECTION DEVICE:

CytoGuard® is a device that is attached to a vial of drug by the user prior to introduction of diluent. It is designed to contain any aerosolization and to prevent its escape into the surrounding atmosphere. This provides an added measure of safety for the user of antineoplastic agents. The device, a molded plastic cap, is affixed to a vial by means of a plastic retaining ring, forming a liquid-tight seal against the stopper of the vial.

CATALOG NUMBER	ITEM	UNIT SIZE	ORDER QTY	PRICE PER UNIT
561-003	CytoGuard® Aerosol Protection Device	1 each	10	2.75 *

* Free with the purchase of any of the following Bristol-Myers Oncology Division products:
Lyophilized Cytoxan®, cyclophosphamide For Injection, Mitamycin® (mitomycin) For Injection (3-mg and 20-mg vials),
Paraplatin®, carboplatin For Injection, and VePesid®, etoposide For Injection.

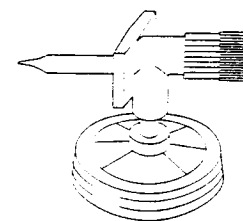


CytoGuard

CHEMO DISPENSING PINS:

Chemo dispensing pins are used during reconstitution of a powdered chemotherapy drug. The chemo dispensing pin prevents the aerosolization that is encountered during drug dispensing and compounding by filtering the air exiting the vial through a 0.2 micron hydrophobic filter.

561-002	Chemo Dispensing Pin (Burton)	50 ea./case	134.95
561-001	Vial Venting System (Chemo Block TM)	50 ea./box	77.00



Burton Chemo Pin

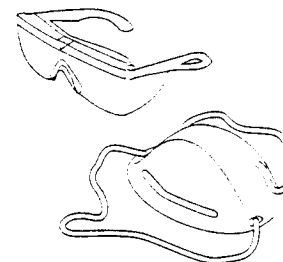
PROTECTIVE APPAREL:

Winfield® Dust Mist Respirator Mask: This lightweight mask, with a contoured fit design, is used for protection against dust, mist, and fumes from cytotoxic agents.

560-330	Dust/Mist Respirator Mask	20 ea./box	29.00
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Winfield® Eye Goggles: This eyewear is protective against chemotherapy and infectious environments. The polycarbonate plastic design will fit over prescription eyeglasses. Features a clear, wrap-around side panel for protection from sprays and splashes.

560-140	Eye Goggles, protective	1 each	2.35
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Winfield® Gowns: The unisize yellow gown is made from lint-free polypropylene and prevents contaminants from becoming airborne. Features include front tie closure and long sleeve knitted cuffs.

540-080	Gowns, unisize	25 ea./box	76.00
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CALL 1-800-482-6700

SAFE HANDLING SUPPLIES

CATALOG NUMBER	ITEM	UNIT SIZE	PRICE PER UNIT
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LABELS:

551-000	Labels, Biohazard, 3-1/2" x 3" (4 rolls of 250)	1000 ea./roll	48.50
560-040	Labels, Chemocautions, 1" round	1000 ea./roll	16.50
560-060	Labels, Chemocautions, 3" x 1/2"	500 ea./roll	10.00
560-080	Labels, Chemocautions, 3" x 1"	500 ea./roll	10.00
560-105	Labels, Chemocautions, 3" x 1-1/2"	500 ea./roll	10.00

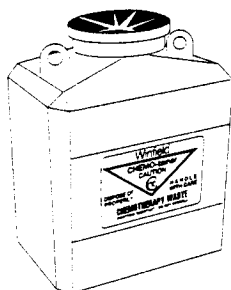
PREP/INJECTION SITE MATS:

The Cyto-Safetec® prep mat is used for drug preparation and administration to absorb any leakage of chemotherapeutic agents. These mats have moisture proof polybacking and are made of nonlinting materials.

520-200	ProPrep Mats, 11" x 19"	50 ea./box	22.00
520-250	ProPrep Mats, 19" x 22"	50 ea./box	44.00

CHEMOTHERAPY CONTAINERS:

The CHEMO-tainer™ by Winfield is made of puncture-resistant plastic with a yellow plastic top. Equipped with a starburst opening for one way containment, the container is suited for handling sharps, liquid, and chemotherapy waste. The 32 quart size has a clear lid and is stackable.

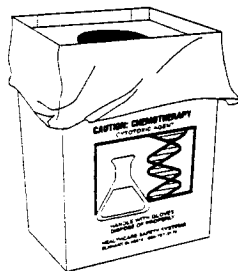


Plastic CHEMO-tainer

540-200	Chemo Container (Sharps Container), plastic, 1.7 quarts, 3.5" x 3.5" x 10"	20 ea./box	34.00
540-205	Chemo Container (Sharps Container), plastic, 10 quarts, 6" x 10" x 12"	12 ea./box	60.00
540-210	Chemo Container (Sharps Container), plastic, 23 quarts, 8.5" x 12" x 16.5"	4 ea./box	38.00
540-215	Chemo Container (Sharps Container), plastic, 32 quarts, 13.75" x 13.75" x 14"	10 ea./box	105.00

CHEMOTHERAPY WASTE CONTAINERS/FIBER DRUMS:

The fiber/corrugated container includes a polyliner bag and comes fully assembled. Equipped with a round flap opening and an additional secure lid. The front side is labeled "Caution: Chemotherapy Cytotoxic Agent." Made by Cyto-Safetec®.



Fiber Drum

520-100	Chemo Waste Container, Fiber/Corrugated Laminate, 10.0 gal	4 ea./box	46.70
520-150	Chemo Waste Container, Fiber/Corrugated Laminate, 20.0 gal	2 ea./box	36.00

SPILL KIT:

The CYTAspill™ Kit by Winfield includes all items necessary for handling spills of cytotoxic drugs. The kit includes: 2 pairs of gloves, gown, face mask, eyewear, CYTAscoop®, 2 absorbent towels, spill sign, and directions.

560-370	Spill Kit	1 each	18.00
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CALL 1-800-482-6700

BONE MARROW BIOPSY/ASPIRATION NEEDLES:

Illinois Sternal/Illiatic: This single-use, sterile needle features an adjustable depth spacer to control the depth of penetration and a winged hub for control of the needle. To assure proper needle alignment, it has a two-piece, positive-locking, needle stylet design. Compatible with luer lock or luer slip syringe.

CATALOG NUMBER	HCPCS CODE	ITEM	UNIT SIZE	PRICE PER UNIT
590-002	A4550	16 Ga. x adjustable (3/16" to 1-7/8")	10 ea./case	100.00
590-003	A4550	18 Ga. x adjustable (9/16" to 1-1/2")	5 ea./case	60.00
590-016	A4550	15 Ga. x adjustable (3/8" to 1-7/8")	10 ea./case	120.00
590-018	A4550	18 Ga. x adjustable (9/16" to 1-1/2")	10 ea./case	126.00

Jamshidi™: The single-use, sterile needle has three parts including the screw cap, stylet, and needle hub. The stylet is locked in place by the cap on the proximal end which keeps it from loosening during insertion. The needle features a tapered distal tip.

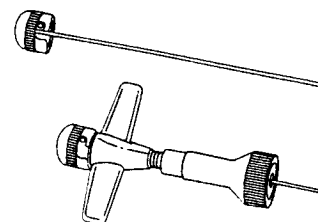
590-006	A4550	13 Ga. x 3-1/2"	5 ea./case	115.00
590-015	A4550	11 Ga. x 4"	10 ea./case	230.00
590-017	A4550	8 Ga. x 4"	10 ea./case	230.00
590-019	A4550	Contoured, 11 Ga. x 4"	10 ea./case	200.00

Monoject: This single-use, sterile needle is equipped with a winged hub and is designed so that the cap and stylet are one. The needle features a smooth, round handle and a hollow ground stylet for ease of use. The needle features a tapered distal tip and a positive-locking design.

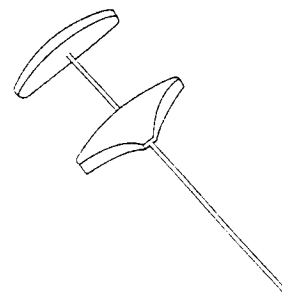
590-009	A4550	8 Ga. x 4"	10 ea./case	187.00
590-010	A4550	11 Ga. x 4"	10 ea./case	187.00
590-011	A4550	13 Ga. x 2-1/2"	10 ea./case	187.00
590-012	A4550	13 Ga. x 3-1/2"	10 ea./case	187.00

Rosenthal: This traditional bone marrow needle design is made with a plastic hub. The single-use, sterile needle has a precision ground and fitted needle point and stylet tip.

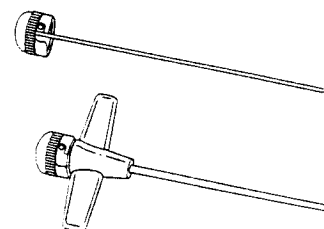
590-013	A4550	Plastic hub, 16 Ga. x 3/4"	20 ea./case	215.00
590-014	A4550	Plastic hub, 16 Ga. x 2"	20 ea./case	215.00



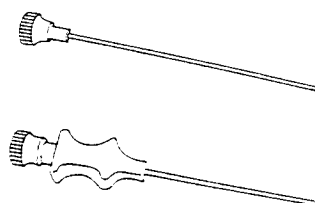
Illinois Sternal/Illiatic



Jamshidi



Monoject

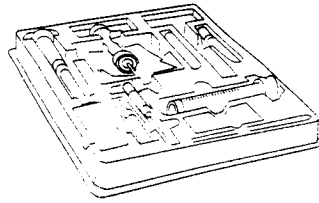


Rosenthal

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CALL 1-800-482-6700

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Bone Marrow Tray

BONE MARROW BIOPSY/ASPIRATION TRAY:

Tray includes fenestrated drape, drape, 10% PVP swabsticks, 5 mL lidocaine (1% solution), 20 mL syringe, 5 mL (or 6 mL) syringe w/20 Ga. x 1-1/2" filter aspiration needle, 21 Ga. x 1-1/2" needle, 25 Ga. x 5/8" needle, specimen tube containing EDTA, scalpel blade w/handle, ten frosted slides (1" x 3"), specimen bottle (amber) and label, gauze sponges, elastic bandage, and variable component listed below.

CATALOG NUMBER	HCPCS CODE	ITEM	UNIT SIZE	PRICE PER UNIT
590-100	A4550	(no needle)	1 each	18.25
590-115	A4550	Illinois Sternal/Iliac needle, 15 Ga. x adj(3/8" to 1-7/8")	1 each	26.50
590-116	A4550	Illinois Sternal/Iliac needle, 16 Ga. x adj(3/16" to 1-7/8")	1 each	21.60
590-118	A4550	Illinois Sternal/Iliac needle, 18 Ga. x adj(9/16" to 1-1/2")	1 each	26.50
590-111	A4550	Jamshidi needle, 11 Ga. x 4"	1 each	29.95
590-108	A4550	Monoject needle, 8 Ga. x 4"	1 each	26.60
590-112	A4550	Monoject needle, 11 Ga. x 4"	1 each	26.60
590-114	A4550	Monoject needle, 13 Ga. x 3-1/2"	1 each	26.60
590-160	A4550	Rosenthal (metal hub) needle, 16 Ga. x 3/4"	1 each	21.50
590-162	A4550	Rosenthal (metal hub) needle, 16 Ga. x 2"	1 each	21.50

LUMBAR PUNCTURE TRAY (adult):

Tray includes fenestrated drape, absorbent towel, removable prep cup, prep swabs, gauze sponges, 2 mL lidocaine (1% solution), 3 mL syringe w/25 Ga. x 5/8" needle, 22 Ga. x 1-1/2" infiltration needle, four specimen vials, three-way stop-cock, manometer, extension tube (5" or 6") and variable component listed below.

590-218	A4550	18 Ga. x 3-1/2" spinal needle	1 each	14.80
590-220	A4550	20 Ga. x 3-1/2" spinal needle	1 each	14.80
590-222	A4550	22 Ga. x 3-1/2" spinal needle	1 each	14.80

PARACENTESIS TRAY:

Tray includes fenestrated drape, drape, absorbent towel, PVP swabsticks, gauze sponges, 5 mL lidocaine (1% solution), scalpel, Boasberg catheter set, vacuum bottle extension set, 60 mL syringe w/luer lock, 5 mL luer slip syringe, 19 Ga. x 1-1/2" filter aspirating needle, 21 Ga. x 1-1/2" needle, 25 Ga. x 5/8" needle, two-liter drainage bag, syringe protector/drainage bag protector, and two mL specimen vials.

590-300	A4550	Paracentesis tray	1 each	31.00
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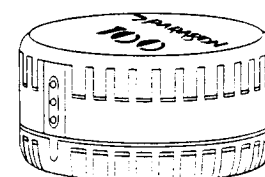
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CALL 1-800-482-6700



PARAGON INFUSER:

This reusable, mechanical infuser utilizes a precision spring mechanism and a floating pressure plate for constant flow rate. Noiseless, lightweight and small in size, it also includes a fluid level indicator. The infuser is made from plastic with stainless steel parts and can be used for both chemotherapeutic and analgesic infusions. Use only with PARAGON administration sets. A separate deluxe carrying case is available in black.

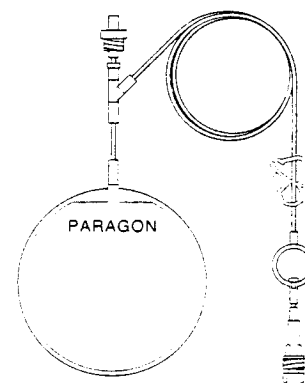


PARAGON Infuser

CATALOG NUMBER	HCPCS CODE	ITEM	UNIT SIZE	PRICE PER UNIT
500-754	K0284	Ambulatory infusion pump	1 each	156.00
500-758		Carrying case	1 each	9.60

PARAGON ADMINISTRATION SETS:

These single-use administration sets include a round PVC IV bag with volume capacity of 110 mL, on/off clamp, luer connector, and 1.2 micron air-eliminating filter. Each set is approximately 40" long. For use with the PARAGON infuser only.



PARAGON Administration Set

500-802	K0111	Administration set, 0.5 mL/hr	12 ea./box	251.40
500-803	K0111	Administration set, 1 mL/hr	12 ea./box	251.40
500-804	K0111	Administration set, 2 mL/hr	12 ea./box	251.40
500-805	K0111	Administration set, 4 mL/hr	12 ea./box	251.40

2300676

CALL 1-800-482-6700



Pharmacia Deltec

L-CATH® PERIPHERALLY INSERTED CATHETERS, CENTRAL LINES:

Kits include catheter and introducer needle. Trays include catheter, introducer needle, fenestrated drape, under drape, mask, 2 pr. gloves, 2 disposable towels, 2 tape measures, 2 tourniquets, 2 alcohol swabstick packets (3's), 2 PVP swabstick packets (3's), 3 gauze sponges (2" x 2"), 3 gauze sponges (4" x 4"), 1 transparent dressing, 1 smooth jaw forceps, 1 scissors, 4 tape strips, 4 Hib-Guard® cushion pads (3 1-part, 1 2-part), 3 mL syringe, 5 mL syringe, 18 Ga. x 1" needle, 23 Ga. x 1" needle, basin, and CSR wrap.

CATALOG NUMBER	ITEM	Introducer Needle Ga. x L(cm)	Catheter OD(mm) x ID(mm) x L(cm)	UNIT SIZE	PRICE PER UNIT
518-161	Catheter,	16 Ga.	Polyurethane: 1.7 x 1.2 x 56	1 each	17.50
518-181	Catheter, 18 Ga.		Polyurethane: 1.7 x 1.2 x 56	1 each	17.50
518-201	Catheter, 20 Ga.		Polyurethane: 1.7 x 1.2 x 56	1 each	17.50
518-162	Catheter Kit, 16 Ga.	14 Ga. x 2.2	Polyurethane: 1.7 x 1.2 x 56	1 each	30.00
518-182	Catheter Kit, 18 Ga.	17 Ga. x 2.2	Polyurethane: 1.7 x 1.2 x 56	1 each	30.00
518-202	Catheter Kit, 20 Ga.	19 Ga. x 2.2	Polyurethane: 1.7 x 1.2 x 56	1 each	30.00
518-163	Catheter Tray, 16 Ga.	14 Ga. x 2.2	Polyurethane: 1.7 x 1.2 x 56	1 each	50.00

CADD® PUMP RESERVOIRS AND SETS:

516-050	MEDICATION CASSETTE™ Reservoir, 50 mL	1 each	14.25
516-100	MEDICATION CASSETTE™ Reservoir, 100 mL	1 each	20.50
516-030	REMOTE RESERVOIR ADAPTOR™ Cassette w/30" tubing	12 ea./case	186.00
516-060	REMOTE RESERVOIR ADAPTOR™ Cassette w/60" tubing and bag spike	12 ea./case	252.00
516-130	Extension Set, 30" w/M/M luer lock	12 ea./case	38.00
516-145	Extension Set, 45" w/M/M luer lock and anti-siphon valve	12 ea./case	41.00
516-160	Extension Set, 60" w/M/M luer lock	12 ea./box	44.00
516-200	Bag Spike Set	12 ea./case	58.00
516-250	Subcutaneous Infusion Set w/27 Ga. 30 degree bent needle	12 ea./box	70.00
516-022	Administration set w/0.22 micron filter	15 ea./case	330.00
516-012	Administration set w/1.2 micron filter	15 ea./case	330.00

2300677**CALL 1-800-482-6700**

By ordering or accepting any goods, you agree to the following terms and conditions.

New Accounts: You may establish an account with the Network by calling toll-free to 1-800-482-6700 and providing an account representative with proof of license (a copy of the DEA license or state medical license must be on file with the Network). Subsequently, you will be required to submit a completed, signed membership application via mail or fax.

All orders are subject to acceptance by the Network or its agents at its principal place of business.

Shipping: Items are shipped prepaid by the Network. Orders for \$100.00 or more are shipped free of charge. Orders for less than \$100.00 are subject to a \$15.00 service charge. (This charge does not apply to back-ordered items.) Drug items are shipped via overnight delivery to arrive no later than 3:30 p.m. the next business day. Supply items are shipped via ground courier to arrive in two to three days. Expedited delivery is available upon request for \$10.00 as follows: Drug orders are shipped to arrive by 10:30 a.m. the next business day and supply orders are shipped via 2nd day air service. Notwithstanding the above, the Network's only obligation is to make reasonable commercial efforts and, in any event, it cannot be responsible for matters beyond its reasonable control. The above delivery schedule may not be available in certain geographic areas.

Title to merchandise passes to the buyer upon delivery by the carrier. The responsibility of the Network for the merchandise ceases when shipment is delivered and accepted.

Product Availability: Items in stock are available for immediate shipment. In the event of excess demand, or short supply, the Network may allocate its inventory among its members as it deems appropriate. The Network shall not be liable for failure to fulfill any order or to perform under any contract due to strike, fire, unavoidable accidents, inability to obtain supplies, contingencies of manufacturing, or other causes beyond its control. We reserve the right to discontinue and withdraw from the marketplace any product, product size, or packaging at any time without further obligation on the part of the Network.

Payment Terms: You will have 75 days from the date of invoice to pay in full for your purchases without incurring finance charges. Purchases that remain unpaid past their due date incur finance charges based on the outstanding balance calculated from the due date until paid at an Annual Percentage rate of 12% (8.5% in Alaska and Arkansas and 8% in Minnesota), or if lower, the maximum rate permitted under applicable law. In the event of any overpayment of finance charges, such overpayment shall be applied to the remaining portion of your balance or returned to you. If back payments are due, current orders will not be shipped until payments are received. The Network reserves the right to maintain a credit limit on all accounts.

Price Changes: Prices listed are those in effect as of the date of this Sourcebook. Prices are subject to change without notice. Prices billed are the prices in effect at the time the order is accepted by the Network.

Damages and Claims: Inspect all shipments immediately upon arrival. If you find broken or damaged goods, notify the Network by phone within five days of receiving the shipment, so that we may arrange for pick-up and replacement.

Returned Goods Policy:

1. The Network reserves the right to determine the eligibility of products to be returned for credit. Returns are subject to final review and evaluation by the Network, and will be processed in accordance with the returned goods policy in effect at the time the product was ordered.
2. All returns must be made to the Network accompanied by an itemized Return Materials Authorization Form and a signed statement that ensures that products were stored according to manufacturer specifications. A Return Materials Authorization Form can be obtained by calling the Customer Service Department at 1-800-482-6700.

3. All returns must be shipped directly to the Network (c/o OTNJV, LP, 11698 San Marino Street, Rancho Cucamonga, CA 91730). Sales representatives are not authorized to pick up merchandise.

4. Credit for returns will not be issued for product sold with the specific designation that it is non-returnable. Before placing orders, please refer to the Network Sourcebook for specific items that are not eligible for credit and/or return.

5. Because product storage conditions are not within our control once product leaves our facility, the Network has a "No Return" policy on refrigerated items. Therefore, no credit for returns will be issued for refrigerated products.

6. Product not purchased from the Network will not be accepted for credit and/or return.

7. Expired product may be returned for credit only with prior authorization from the Network. Under no circumstances will credit for returns be issued for products beyond one year of the expiration date.

8. Supply items, except those shipped in error, are not eligible for credit and/or return.

9. Special Order items (i.e., items not listed in the Network Sourcebook), are not eligible for credit and/or return.

10. This returned goods policy applies to purchases in the original manufacturer's packaging and in the manufacturer's minimum quantity. Product that has been repackaged or is otherwise known as distressed merchandise, or product not in the original container, is not eligible for credit and/or return.

11. Please notify the Customer Service Department at 1-800-482-6700, of damages or shortages within five days of delivery, and note the damage or shortage on all delivery receipts or freight bills. Sign only for products actually delivered.

12. The Network will issue credit for authorized returned goods within 30 days of receipt by the Network. No deduction can be taken prior to that time.

13. Returns not due to the Network's error will be subject to a \$25.00 handling fee.

14. The Network reserves the right to amend this policy by notification of the purchaser.

Purchase for Own Use: Sales are made with the express understanding and agreement that merchandise is purchased for the sole use in the purchaser's medical practice, and is not intended to be sold or transferred for further sale or resale by retailers, wholesalers or other parties.

Sales Taxes: We are required by law to collect sales tax in certain jurisdictions. If appropriate we will, therefore, add the proper amount of tax (state, and, if any, local and transit) to your order.

Liability: The Network will not be liable under any contract, negligence, strict liability or other theory for any special, indirect, incidental or consequential damages or costs of procurement of substitute goods or services in connection with the subject matter of these terms and conditions or any products or the use, delivery or failure or delay of delivery thereof. The Network is not liable to any member for any loss, claim, or damage resulting from products or the use, delivery, or failure of delivery thereof, and the members hold the Network harmless for any such loss, claim, or damage.

Warranty Disclaimer: The Network does not manufacture or test the products it distributes. The manufacturer of the products may warrant certain aspects of the products. THE NETWORK GRANTS NO WARRANTIES, EXPRESS OR IMPLIED, AND IT DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR NON-INFRINGEMENT WITH RESPECT TO THE PRODUCTS DELIVERED HEREUNDER.

FedEx
Federal Express

2300678

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2300680

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2300681

ONCOLOGY
THERAPEUTICS
NETWORK

NETWORK ORDER FORM

CALL 1-800-482-6700 OR FAX 1-800-800-5673

Account #: _____ Practice Name: _____ Contact Name: _____

Phone: _____ Fax: _____ P.O. Number: _____ Date: _____

BRISTOL LABORATORIES
ONCOLOGY PRODUCTS

Quantity	Catalog #	Description
_____	200-400	BiCNU® 100 mg
_____	902-100	Mutamycin® 5 mg
_____	902-110	Mutamycin® 20 mg
_____	902-120	Mutamycin® 40 mg
_____	900-300	Paraplatin® 50 mg
_____	900-310	Paraplatin® 150 mg
_____	900-320	Paraplatin® 450 mg
_____	900-550	Platinol®-AQ, 50 mg MDV
_____	900-560	Platinol®-AQ, 100 mg MDV
_____	901-200	VePesid® 100 mg MDV
_____	901-250	VePesid® 150 mg MDV
_____	901-260	VePesid® 500 mg MDV
_____	901-270	VePesid® 1g MDV

Mead Johnson
ONCOLOGY PRODUCTS

Quantity	Catalog #	Description
_____	200-200	Blenoxane®, 15 units
_____	901-601	Ifex®/Mesnex®, Ifosfamide (5 x 1 g) mesna (3 x 1 g MDV)
_____	901-606	Ifex®/Mesnex®, Ifosfamide (2 x 1 g) mesna (6 x 1 g MDV)
_____	901-611	Ifex®/Mesnex®, Ifosfamide (10 x 1 g) mesna (10 x 1 g MDV)
x 12	900-605	Lyophilized Cytoxan®, 100 mg
x 12	900-615	Lyophilized Cytoxan®, 200 mg
x 12	900-625	Lyophilized Cytoxan®, 500 mg
x 6	900-635	Lyophilized Cytoxan®, 1000 mg
x 6	900-645	Lyophilized Cytoxan®, 2000 mg
_____	901-700	Mesnex®, 1 g MDV
_____	801-120	Rubex®, 50 mg
_____	801-130	Rubex®, 100 mg
_____	201-000	TAXOL®-semi-synthetic, 30 mg
_____	201-100	TAXOL®-semi-synthetic, 100 mg

SELECTION OF OTHER SOURCEBOOK PRODUCTS

Quantity	Catalog #	Description
_____	200-050	Abbokinase® 5000 IU
_____	200-090	Abbokinase® 9000 IU
_____	101-150	Adriamycin PFS™, 200 mg MDV
x 4	840-200	Aredia® 30 mg
_____	840-260	Aredia® 60 mg
_____	840-290	Aredia® 90 mg
_____	260-200	Ativan® 2 mg MDV C-IV *
_____	260-210	Ativan® 20 mg MDV C-IV *
x 25	899-999	Cimetidine HCl, sol (Am. Regent) 2 mL
_____	803-110	Cytarabine, pwd (Chiron) 100 mg
_____	803-105	Cytarabine, pwd (Chiron) 500 mg
_____	900-900	Dactinomycin, 500 mcg
x 10	901-000	Daunorubicin HCl, pwd 20 mg
x 4	940-200	Desferal, 500 mg
x 25	840-400	Dexamethasone, sol 20 mg MDV
_____	840-420	Dexamethasone, sol 120 mg MDV
_____	840-440	Dexamethasone, sol 120 mg MDV
_____	101-020	DOXIL® 20 mg/10 mL
x 10	102-010	Doxorubicin, sol (Chiron) 10 mg
x 10	102-050	Doxorubicin, sol (Chiron) 50 mg
_____	102-200	Doxorubicin, sol (Chiron) 200 mg MDV
x 12	100-800	DTIC-Dome® 100 mg
x 12	100-810	DTIC-Dome® 200 mg
_____	230-110	Hepatitis B Vaccine 1 dose/vial (adult)
x 5	210-000	Fludara® 50 mg
x 10	801-400	Fluorouracil, sol (SoloPak) 500 mg
_____	801-460	Fluorouracil, sol (SoloPak) 5000 mg
_____	901-300	FUDR, 500 mg

Quantity	Catalog #	Description
_____	848-025	IVIG, 5% pwd w/diluent 2.5 g (Polygam)
_____	848-050	IVIG, 5% pwd w/diluent 5 g (Polygam)
_____	848-100	IVIG, 5% pwd w/diluent 10 g (Polygam)
x 10	941-100	InFeD™ 2 mL vial
_____	220-150	Intron® A 3 MIU, pwd
_____	220-160	Intron® A 5 MIU, pwd
_____	220-170	Intron® A 10 MIU, pwd
_____	220-172	Intron® A 10 MIU syringe, pwd
_____	220-186	Intron® A 18 MIU 1 mL, pwd
_____	220-175	Intron® A 25 MIU, pwd
_____	220-180	Intron® A 50 MIU, pwd
_____	220-190	Intron® A 10 MIU, sol
_____	220-192	Intron® A 18 MIU, sol MDV
_____	220-195	Intron® A 25 MIU, sol
_____	900-200	Kytril™ 1 mL
_____	803-305	Leucovorin, pwd (Chiron) 50 mg
_____	803-310	Leucovorin, pwd (Chiron) 100 mg
_____	803-320	Leucovorin, pwd (Chiron) 200 mg
_____	801-700	Leucovorin, pwd (Immunex) 50 mg
x 10	801-710	Leucovorin, pwd (Immunex) 100 mg
x 10	801-720	Leucovorin, pwd (Immunex) 350 mg
x 10	222-100	Leukine® 250 mcg
_____	222-110	Leukine® 500 mcg
_____	215-000	Leustatin® (1 mg/mL), 10 mg
_____	901-850	Lupron Depot® 7.5 mg
_____	803-205	Methotrexate, pfs (Chiron) 50 mg
x 5	803-225	Methotrexate, pfs (Chiron) 250 mg
x 10	802-050	Methotrexate, w/pres (Immunex) 50 mg

2300682

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**NETWORK
ORDER FORM**

CALL 1-800-482-6700 OR FAX 1-800-800-5673

Name: _____

Account #: _____

Phone #: _____

OTHER SOURCEBOOK PRODUCTS

Quantity Catalog # Description

_____	802-040	Methotrexate, w/pres (Immunex) 250 mg
_____	901-900	Mustargen® 10 mg
_____	200-101	NAVELBINE® Injection, 1 mL
_____	200-105	NAVELBINE® Injection, 5 mL
x 10	221-100	Neupogen® 300 mcg
x 10	221-110	Neupogen® 480 mcg
_____	902-200	Novantrone® 20 mg MDV
_____	902-220	Novantrone® 30 mg MDV
x 5	230-300	Pneumovax® 1 dose/vial
x 6	223-300	Procrit® 4000 units/mL
x 25	223-540	Procrit® 4000 units/mL
x 6	223-400	Procrit® 10000 units/mL
x 25	223-590	Procrit® 10000 units/mL
x 6	223-405	Procrit® 20000 units/2 mL MDV
_____	200-500	Proleukin® 22 MIU
x 10	920-110	Rocephin® 1000 mg
x 20	224-100	Sandostatin® 50 mcg amp
x 20	224-200	Sandostatin® 100 mcg amp
x 20	224-300	Sandostatin® 500 mcg amp
x 25	970-000	Tagamet® Injection, 2 mL
x 6	202-500	Thioplex® 15 mg
_____	102-600	Vinblastine Sulfate, pwd (Schein) 10 mg
_____	102-610	Vinblastine Sulfate, sol (Fujisawa) 10 mg
_____	102-750	Vincasar® 1 mg
_____	102-755	Vincasar® 2 mg
_____	202-400	Zanosar® 1 g
x 10	970-100	Zantac® Injection, 2 mL
_____	902-250	Zinecard® 250 mg
_____	902-260	Zinecard® 500 mg
x 6	900-050	Zofran® Injection, premixed 32 mg bag
_____	900-100	Zofran® Injection, 40 mg MDV
_____	901-500	Zoladex® 3.6 mg syringe

SUPPLIES (PAGES 22-50)

Quantity Description

Syringes TERUMO

_____ Syringes, hypodermic, luer lock, _____ mL

Needles TERUMO

_____ 100ea./box _____ needle gauge, _____ needle length

Winged, Non-coring Needles with Infusion Sets

_____ brand, _____ gauge, _____ needle length

_____ tubing length Y site: Yes/No

SUPPLIES (PAGES 22-50)**TAXOL Administration Supplies**

Quantity Catalog # Description

_____	591-772	Abbott Administration Set (Nitroglycerin)
_____	599-000	McGaw Administration Set (Nitroglycerin)
_____	573-600	SoloPak Administration Set (Non-DEHP)
_____	592-679	Filter, in line, 0.22 without gravity lock
x 24	780-250	Dextrose 5% in Water 250 mL IV bag (Non PVC)
x 24	780-500	Dextrose 5% in Water 500 mL IV bag (Non PVC)
x 12	780-999	Dextrose 5% in Water 1000 mL IV bag (Non PVC)
x 24	781-250	Sodium Chloride, 0.9% sol, 250 mL IV bag (Non PVC)
x 24	781-500	Sodium Chloride, 0.9% sol, 500 mL IV bag (Non PVC)
x 12	781-999	Sodium Chloride, 0.9% sol, 1000 mL IV bag (Non PVC)

Large Volume Parenterals (bags) ABBOTT

Quantity Catalog # Description

x 24	700-250	Dextrose 5% in Water 250 mL IV bag
x 24	700-500	Dextrose 5% in Water 500 mL IV bag
x 12	700-999	Dextrose 5% in Water 1000 mL IV bag
x 24	710-500	Dextrose 5% in 0.45% Sodium Chloride, 500 mL IV bag
x 12	710-999	Dextrose 5% in 0.45% Sodium Chloride, 1000 mL IV bag
x 24	701-250	Sodium Chloride, 0.9% solution, 250 mL IV bag
x 24	701-500	Sodium Chloride, 0.9% solution, 500 mL IV bag
x 12	701-999	Sodium Chloride, 0.9% solution, 1000 mL IV bag

Small Volume Parenterals (vials)

Quantity Catalog # Description

x 25	842-400	Magnesium Sulfate, 50% sol, 2 mL
x 25	841-200	Mannitol, 25% solution
x 25	841-520	Potassium Chloride, sol, 20 mEq MDV
x 25	842-500	Sodium Bicarbonate, 8.4% sol 50 mEq
x 25	841-710	Sodium Chloride, 0.9% sol, 10 mL
x 25	841-735	Sodium Chloride, 0.9% sol, 50 mL
x 25	841-750	Sodium Chloride, 0.9% sol, 30 mL MDV with benzyl alcohol
x 25	841-910	Sterile Water for Injection, 10 mL
x 25	841-935	Sterile Water for Injection, 50 mL
x 25	841-940	Sterile Water for Injection, 30 mL MDV with benzyl alcohol

2300683

If you need a product not listed above, please refer to the Sourcebook and write the product information in below.

Reasons to Purchase Oncology Products From the Network

Toll-free Ordering 1-800-482-6700

Representatives are available to take your order from 8:30 a.m. to 8:30 p.m. EST Monday through Friday. Additionally, you may place an order 24 hours-a-day, seven days-a-week via our **toll-free fax 1-800-800-5673**.



Free Overnight Delivery

Order drugs by 7:00 p.m. EST for free overnight shipment via FedEx Standard Overnight service (next day delivery by 3:30 p.m.).* Need it sooner? FedEx Priority Overnight service (next day delivery by 10:30 a.m.)* is available for only \$10.00.



75 Days to Pay for All Orders

When you purchase from the Network you have 75 days from the date of the invoice to pay for your purchases in full without incurring finance charges. Extended terms enhance cash flow because your payables will track more closely with reimbursement. In most cases you will be reimbursed before your drug payment is due.

Competitive Pricing

The Network offers the lowest physician-direct price available for all Bristol Laboratories and Mead Johnson oncology products. In addition, we will match the price on Zofran®, Kytril™, Neupogen®, Doxorubicin 200 mg, Procrit® and Intron®A. Call your account representative with any bona fide offer and we will match the price.



Best Service - Our Guarantee

We will meet our service commitments or we will credit your account \$25.00.

Network Dollars

Your practice earns Network Dollars credit each time you purchase VePesid® for Injection, Lyophilized Cytosan®, Rubex®, or Mutamycin®. This is in addition to matched prices and extended payment terms. Use Network Dollars to obtain better than matched pricing on over 700 products in the Network Sourcebook-products like Zofran®, Kytril™, Procrit®, and Neupogen®. Your account representative can tell you your Network Dollars balance and help you place your order to take full advantage of the program. (See page 1 for more details).

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NSD

* These delivery schedules may vary in certain geographic areas.

ONCOLOGY
THERAPEUTICS
NETWORK

395 OYSTER POINT BLVD., SUITE 405
SOUTH SAN FRANCISCO, CA 94080
TEL: 800-482-6700 FAX: 800-800-5673

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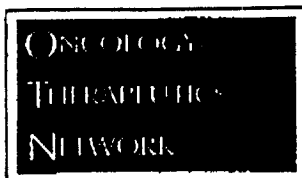
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L. 2300688

18

2300689

**New!****Leucovorin Injection 200 mg***Flexibility of Dosage Without Waste!***Compare to 350 mg Size and Save—****Buy 10 Vials, Get 2 Free!**Buy 10 vials of Leucovorin 200 mg at **\$11.60,**Get 2 vials free. Effective price per vial, **\$9.67****Also Available:****Doxorubicin 200 mg Special Offer—****Buy 10 Vials, Get 1 Free!**Buy 10 vials of Doxorubicin 200 mg at **\$285.00,**Get 1 vial free. Effective price per vial, **\$259.09****NEW****CONVENIENT****VIAL SIZES****FROM****CHIRON****Ordering Information:**

<i>Catalog Number</i>	<i>Item</i>	<i>Unit Size</i>	<i>List Price Per Unit</i>
803-320	Leucovorin, powder	200 mg	\$11.60
102-200	Doxorubicin HCl, sol	200 mg MDV	\$285.00
New Leucovorin 200 mg NDC: 53905-0053-01			

Cost-Effective Reimbursement:

<i>Item</i>	<i>Unit Size</i>	<i>Price/ 50 mg</i>	<i>AWP/ Vial</i>	<i>AWP/ 50 mg</i>
Leucovorin	200 mg	\$2.42	\$78.00	\$19.50
Doxorubicin	200 mg	\$64.77	\$945.98	\$236.50
2300690				

Call 1-800-482-6700 to place your order.

Offer Valid August 7, 1995–September 15, 1995

395 OYSTER POINT BOULEVARD, SUITE 405, SOUTH SAN FRANCISCO, CALIFORNIA 94080 TEL: 800-482-6700 FAX: 800-800-5673

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R2-040014

ONCOLOGY
THERAPEUTICS
NETWORK

THE NETWORK

A BIMONTHLY UPDATE FOR COMMUNITY-BASED ONCOLOGY PROFESSIONALS

*Oncology Therapeutics Network
Stands Behind Our Service with the
Industry's Only Service Guarantee*

INFORMATION

**New Zofran® 32 mg
Single-Dose Bag**

SEE PAGE 2

**New Zinecard™
for Injection**

SEE PAGE 3

**Changes to
Sourcebook**

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MANUFACTURERS' CHANGES

**Neupogen®
Procrit®
Mesnex®**

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REIMBURSEMENT

**AWP & HCPCS
Code Changes**

SEE PAGES 5-8

2300691

ONCOLOGY
THERAPEUTICS
NETWORKNOW AVAILABLE!**ZOFRAN® 32 MG SINGLE-DOSE, PREMIXED BAG****CONVENIENT**

- No dilution required
- No admixing
- No waste

COST-EFFECTIVE

- Higher reimbursement
- Includes cost of IV solution
- Saves nursing time

CATALOG #
900-070

\$129.65

REIMBURSEMENT COMPARISON

ITEM	PRICE/UNIT	AWP	PRICE/DOSE	80% OF AWP/DOSE	REIMBURSEMENT/ PATIENT
Zofran, 32 mg premixed bag	\$129.65	\$186.42*	\$129.65	\$149.13	\$19.48
Zofran, 40 mg vial (32 mg dose) IV bag†	\$167.95 + \$1.25	\$233.02	\$134.36 + \$1.25	\$149.13	\$13.52
	\$169.20		\$135.61		

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EDITOR: Lisa Stepp

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Please address them to: The Network News, Axion Inc., 395 Oyster Point Blvd., Suite 405, South San Francisco, CA 94080.

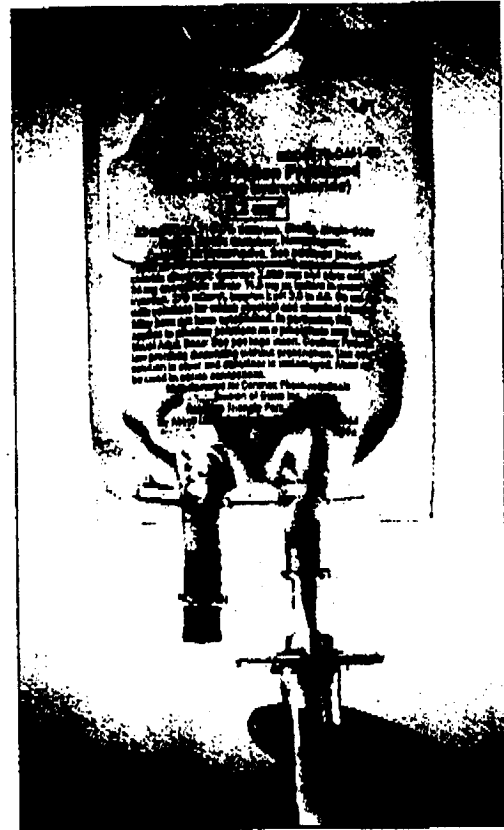
- * This reimbursement example assumes that the claim is filed using J2405. AWP for J2405 is \$233.02 for 40 mg, or \$5.83 per mg (\$186.42 for 32 mg). The actual AWP for the 32-mg premixed bag is \$196.76. Some carriers may honor this higher AWP, using either J3490 or J9999 miscellaneous drug codes. Using the higher AWP, reimbursement for the premixed bag would be calculated as follows:

\$196.76 (AWP) X 0.80 = \$157.41 (80% OF AWP)
- \$129.65 (PRICE PER DOSE) = \$27.76 (REIMBURSEMENT PER PATIENT).

Check with the carrier in your area for their specific instructions.

- † Reimbursement for IV solutions is carrier-specific. An individual carrier may allow billing for the solution under a separate code.

This reimbursement comparison has been compiled using information from the Zofran reimbursement hotline. For additional information and assistance, contact the hotline at 1-800-745-2967.



REMEMBER: The Network will match any *bona fide* offer for Zofran, including the new, premixed bag. Call the Network for more information.



Printed on
recycled paper.

JULY/AUGUST 1995 • THE NETWORK TEL: 1-800-482-6700 FAX: 1-800-800-7673

2300692

ZINECARD™

ONCOLOGY
THERAPEUTICS
NETWORK

Zinecard (dexrazoxane for injection) is indicated for reducing the incidence and severity of cardiomyopathy associated with doxorubicin HCl administration in women with metastatic breast cancer who have received a cumulative doxorubicin dose of 300 mg/m² and who, in their physician's opinion, would benefit from continuing therapy with doxorubicin. Zinecard is not recommended for use with the initiation of doxorubicin therapy.

PRODUCT AND REIMBURSEMENT INFORMATION

This new product does not require refrigeration and is supplied in two vial sizes. Claims for Zinecard should be submitted using J3490. For additional information, contact your carrier or the Pharmacia Zinecard Reimbursement Hotline, AIMZ™ (Answers and Insurance Management for Zinecard), 1-800-808-9111.

See Oncology Drug Updates enclosed with your newsletter for additional information.

CATALOG NUMBER	NDC	HCPCS CODE	ITEM	UNIT SIZE	PRICE/UNIT	AWP (FROM RED BOOK)
902-250	00013-8715-62	J3490	dexrazoxane for injection	250 mg	\$111.00	\$134.38
902-260	00013-8725-89	J3490	dexrazoxane for injection	500 mg	\$222.00	\$268.75

**Call 1-800-482-6700 to place your order
or to receive a copy of the Material Safety Data Sheet.**

MANUFACTURERS' CHANGES

BRISTOL-MYERS:

MESNEX® — NEW MULTIDOSE VIAL

Mesnex (mesna) injection is now available in a convenient 1-gram multidose vial available individually or in cartons of 10. With the advent of the 1-g multidose Mesnex vial, the 200-mg, 400-mg, and 1-g Mesnex ampules will be discontinued and no longer available for purchase. The Mesnex 1-g vial will also be contained in all Ifex®/Mesnex Combo-Packs. Below are the new package configurations.

CATALOG NUMBER	NDC	ITEM	UNIT SIZE	ORDER QTY.	PRICE/UNIT	AWP (FROM RED BOOK)
901-700	00015-3563-02	Mesnex	1 g MDV	1	\$114.43	\$149.00
901-710	00015-3563-03	Mesnex	1 g MDV	10	\$114.43	\$1,490.00
901-601	00015-3556-26	Ifex (5 x 1 g)/Mesnex (3 x 1 g MDV)	Combo-Pack	1	\$592.91	\$770.78
901-606	00015-3564-15	Ifex (2 x 3 g)/Mesnex (6 x 1 g MDV)	Combo-Pack	1	\$858.19	\$1,117.44
901-611	00015-3554-27	Ifex (10 x 1 g)/Mesnex (10 x 1 g MDV)	Combo-Pack	1	\$1,430.70	\$1,862.50

The new Mesnex vial eliminates waste, breakage and the need for filtering associated with ampules.

THE NETWORK TEL: 1-800-482-6700 FAX: 1-800-800-5673 • JULY/AUGUST 1995

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ONCOLOGY
THERAPEUTICS
NETWORK**MANUFACTURERS' CHANGES****NEUPOGEN®****INFORMATION FOR MEMBERS
ON CONTRACT:**

The Network is an Authorized Wholesaler participating in Amgen's Neupogen Physician Program. As a participating distributor, we will provide service to your practice according to the terms of your agreement. Your current contract price and terms are not affected by this price change and will remain valid through 8/31/95. A new contract will be offered 9/1/95. See your Amgen representative for details.

AMGEN:**DESIGNATED WHOLESALER**

Oncology Therapeutics Network
395 Oyster Point Blvd., Suite 405
South San Francisco, CA 94080
1-800-482-6700

INFORMATION FOR MEMBERS**NOT ON CONTRACT:**

Effective June 16, 1995, Amgen increased Neupogen prices. Our list prices are as follows.

ITEM	PRICE/UNIT
Neupogen, solution, 300 mcg	\$126.00
Neupogen, solution, 480 mcg	\$202.25

DESIGNATED WHOLESALER LIST

Should you elect to participate or continue in this agreement, you must include a list of the names and addresses of the distributors from whom you choose to purchase Neupogen. Amgen requires 30 days to implement any changes you may make to this list after your initial list is submitted. Please be sure to include Oncology Therapeutics Network as one of the designated wholesalers to honor the agreement for your practice.

REIMBURSEMENT INFORMATION:

ITEM	AWP (FROM RED BOOK)
Neupogen, solution, 300 mcg	\$152.30
Neupogen, solution, 480 mcg	\$242.50

**ORTHO
BIOTECH:****PROCRIT® INSTANT REBATES**

Effective July 1, 1995, Ortho Biotech revised its Procrit Rebate Program to physician office accounts as follows. The Network will continue to take this rebate directly off of your invoices—eliminating the paperwork and time delay in claiming the rebate for your practice. This program is effective through December 31, 1995.

DESCRIPTION	ORDER QUANTITY	JAN-JUNE 1995 REBATE	JULY-DEC 1995 REBATE	INVOICE PRICE/UNIT
Procrit 2,000 units/mL	6	—	—	\$21.28
Procrit 3,000 units/mL	6	—	—	\$31.91
Procrit 3,000 units/mL	25	—	—	\$31.91
Procrit 4,000 units/mL	6	\$1.60	—	\$42.55
Procrit 4,000 units/mL	25	\$1.60	—	\$42.55
Procrit 10,000 units/mL	6	\$6.65	\$3.80	\$95.00
Procrit 10,000 units/mL	25	\$6.65	\$4.75	\$94.00
Procrit 20,000 units/2 mL	6	\$13.30	\$9.50	\$188.00

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REIMBURSEMENT

ONCOLOGY
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AVERAGE WHOLESALE PRICES AND 1995 HCPCS CODES

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the 1995 Red Book and the June 1995 Red Book Update.

For drugs that have multiple manufacturers, the AWP for the product that the Network most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units are in the right two columns. Please refer to the *Spring/Summer 1995 Sourcebook* for a complete listing of HCPCS codes.

PRODUCT	VIAL SIZE	NDC	JUNE AWP/VIAL	'95 HCPCS CODE	BILLING UNITS
Blenoxane® Bleomycin sulfate, pwd	15 units	00015-3010-20	291.49	J9040	per 15 units
Paraplatin® Carboplatin, pwd	50 mg 150 mg 450 mg	00015-3213-30 00015-3214-30 00015-3215-30	81.13 243.33 729.98	J9045 J9045 J9045	per 50 mg per 50 mg per 50 mg
BiCNU® Carmustine, pwd w/diluent	100 mg	00015-3012-38	82.70	J9050	per 100 mg
Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490*	
Platinol® Cisplatin, pwd	10 mg 50 mg	00015-3070-20 00015-3072-20	34.66 161.99	J9060 J9062	per 10 mg per 50 mg
Platinol®-AQ Cisplatin, sol (1 mg/mL)	50 mg MDV 100 mg MDV	00015-3220-22 00015-3221-22	169.26 338.50	J9062 J9062	per 50 mg per 50 mg
Cladribine, sol (1 mg/mL)	10 mg	59676-0201-01	480.00	J9065	per 1 mg
Lyophilized Cytoxan® Cyclophosphamide, lyophilized	100 mg 200 mg 500 mg 1 g 2 g	00015-0539-41 00015-0546-41 00015-0547-41 00015-0548-41 00015-0549-41	6.45 12.25 25.71 51.43 102.89	J9093 J9094 J9095 J9096 J9097	per 100 mg per 200 mg per 500 mg per 1 g per 2 g
Cytoxan® Cyclophosphamide, pwd	100 mg 200 mg 500 mg 1 g 2 g	00015-0500-41 00015-0501-41 00015-0502-41 00015-0505-41 00015-0506-41	5.31 10.11 21.24 42.49 85.00	J9070 J9080 J9090 J9091 J9092	per 100 mg per 200 mg per 500 mg per 1 g per 2 g
Cytoxan® Tablets Cyclophosphamide, tablets, 25 mg Cyclophosphamide, tablets, 50 mg Cyclophosphamide, tablets, 50 mg	100 per bottle 100 per bottle 1,000 per bottle	00015-0504-01 00015-0503-01 00015-0503-02	158.63 291.13 2,772.74	J8530 J8530 J8530	25 mg 25 mg 25 mg
Cytarabine, pwd	100 mg 100 mg 500 mg 500 mg 1 g 2 g	00364-2467-53 53905-0131-10 00364-2468-54 53905-0132-10 53905-0133-10 53905-0134-10	5.50 6.25 21.00 25.00 50.00 98.90	J9100 J9100 J9110 J9110 J9110 J9110	per 100 mg per 100 mg per 500 mg per 500 mg per 500 mg per 500 mg
Dacarbazine, pwd	100 mg 200 mg	00026-8151-10 00026-8151-20	13.17 21.17	J9130 J9140	per 100 mg per 200 mg
NEW • Daunorubicin HCl, pwd	20 mg	53905-0271-10	162.79	J9150	per 10 mg
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	4.13	J1100	up to 4 mg/mL
Dexamethasone, sol (4 mg/mL)	20 mg MDV 120 mg MDV	00517-4905-25 00517-4930-25	2.19 7.84	J1100 J1100	up to 4 mg/mL up to 4 mg/mL
NEW • Zinecard™ NEW • Dexrazoxane for injection	250 mg 500 mg	00013-8715-62 00013-8725-89	134.38 268.75	J3490* J3490*	
Diazepam, sol (5 mg/mL)	10 mg 50 mg	00364-0825-48 00364-0825-54	4.08 13.35	J3360 J3360	up to 5 mg up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL)	300 mg	00364-6530-56	4.75	J1200	up to 50 mg
Diphenhydramine HCl, sol (50 mg/mL)	500 mg MDV 50 mg	00364-6531-54 00641-0376-25	5.40 0.63	J1200 J1200	up to 50 mg up to 50 mg

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REIMBURSEMENTTHE NETWORK
NEAVOR

PRODUCT	VIAL SIZE	NDC	JUNE AWP/VIAL	'95 HCPCS CODE	BILLING UNITS
Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	190.38	J1561	per 500 mg
	5 g	49669-1613-01	380.75	J1561	per 500 mg
	10 g	49669-1614-01	761.50	J1561	per 500 mg
Immune globulin intravenous, 10% sol	50 mL	49669-1622-01	400.00	J1562	per 5 g
	100 mL	49669-1623-01	800.00	J1562	per 5 g
	200 mL	49669-1624-01	1,600.00	J1562	per 5 g
Immune globulin intravenous, 10% sol	10 mL	00192-0649-12	75.00	J1561	per 500 mg
	50 mL	00192-0649-20	375.00	J1562	per 5 g
	100 mL	00192-0649-71	750.00	J1562	per 5 g
	200 mL	00192-0649-24	1,500.00	J1562	per 5 g
Interferon alfa 2a, pld w/3 mL diluent	18 MIU	00004-1993-09	179.20	J9213	per 3 MIU
Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-1987-09	29.87	J9213	per 3 MIU
Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-6900-09	84.14	J9213	per 3 MIU
Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-1988-09	179.20	J9213	per 3 MIU
Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2005-09	358.38	J9213	per 3 MIU
Interferon alfa 2b, pld	3 MIU	00085-0647-03	31.51	J9214	per 1 MIU
	3 MIU syringe	00085-0647-04	31.51	J9214	per 1 MIU
	5 MIU	00085-0120-02	52.51	J9214	per 1 MIU
	5 MIU syringe	00085-0120-03	52.51	J9214	per 1 MIU
	10 MIU	00085-0571-02	105.03	J9214	per 1 MIU
	25 MIU	00085-0285-02	262.57	J9214	per 1 MIU
	50 MIU	00085-0539-01	525.12	J9214	per 1 MIU
	18 MIU MDV	00085-0689-01	189.04	J9214	per 1 MIU
Interferon alfa 2b, sol (5 MIU/mL)	10 MIU	00085-0923-01	105.02	J9214	per 1 MIU
	25 MIU	00085-0769-01	262.57	J9214	per 1 MIU
Interleukin 2 (Aldesleukin), pld	22 MIU	53905-0991-01	378.75	J9999*/J3490*	
Leucovorin calcium, tablets, 5 mg	30 per box	00005-4536-38	85.54		
	100 per box	00005-4536-23	285.00		
Leucovorin calcium, tablets, 15 mg	12 per box	58406-0626-68	100.56		
	24 per box	58406-0626-74	200.96		
Leucovorin, pld	50 mg	53905-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-37	21.53	J0640	per 50 mg
	100 mg	53905-0052-01	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	350 mg	58406-0623-33	137.94	J0640	per 50 mg
Leuprolide acetate depot, susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	477.50	J9217	per 7.5 mg
CeeNu[®]					
Lomustine, capsules	Dose-Pack	00015-3034-10	81.21		
Lomustine, capsules, 10 mg	20 per bottle	00015-3030-20	87.93		
Lomustine, capsules, 40 mg	20 per bottle	00015-3031-20	264.79		
Lomustine, capsules, 100 mg	20 per bottle	00015-3032-20	503.33		
Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-04	12.01	J2060	per 2 mg
Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	107.00	J2060	per 2 mg
Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	133.74	J2060	per 2 mg
Lorazepam, sol (2 mg/mL), w/ syringe	2 mg	00008-0581-02	12.67	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	4.85	J2150	per 50 mL
Mechlorethamine HCl, pld	10 mg	00006-7753-31	10.10	J9230	per 10 mg
Megace[®]					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01	72.76		
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41	129.78		
	250 per bottle	00015-0596-46	317.96		
	500 per bottle	00015-0596-45	622.96		
Megace[®] Oral Suspension					
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42	107.95		
Melphalan hydrochloride, pld	50 mg	00081-0130-93	270.93	J9245	per 50 mg
Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00081-0045-35	77.33	J8500	2 mg
Mesnex[™]					
Mesna, sol (100 mg/mL)	2 mL amp	00015-3560-41	15.43	J9209	per 200 mg
	4 mL amp	00015-3561-41	30.86	J9209	per 200 mg
	10 mL amp	00015-3562-41	77.15	J9209	per 200 mg

AWPs for the new Mesnex multidose vials are on page 3.

2300696

COUNCIL
ON
PHARMACY
ECONOMICS
NETWORK

REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	JUNE AWP/VIAL	'95 HCPCS CODE	BILLING UNITS
Rubex® Doxorubicin, pwd	10 mg	00015-3351-22	43.81	J9000	per 10 mg
	50 mg	00015-3352-22	197.15	J9010	per 50 mg
	100 mg	00015-3353-22	394.29	J9010	per 50 mg
Chiron Doxorubicin, pwd	10 mg	53905-0231-10	45.08	J9000	per 10 mg
	20 mg	53905-0232-06	90.16	J9000	per 10 mg
	50 mg	53905-0233-01	225.40	J9010	per 50 mg
Doxorubicin, sol (2 mg/mL)	10 mg	53905-0235-10	47.35	J9000	per 10 mg
	20 mg	53905-0236-06	94.70	J9000	per 10 mg
	50 mg	53905-0237-01	236.74	J9010	per 50 mg
	200 mg MDV	53905-0238-01	945.98	J9010	per 50 mg
Adriamycin™ Doxorubicin, RDF pwd	10 mg	00013-1086-91	46.00	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
	50 mg	00013-1106-79	230.00	J9010	per 50 mg
	150 mg MDV	00013-1116-83	676.19	J9010	per 50 mg
Doxorubicin, sol (2 mg/mL)	10 mg	00013-1136-91	48.31	J9000	per 10 mg
	20 mg	00013-1146-94	96.63	J9000	per 10 mg
	50 mg	00013-1156-79	241.56	J9010	per 50 mg
	75 mg	00013-1176-87	362.35	J9010	per 50 mg
	200 mg MDV	00013-1166-83	946.94	J9010	per 50 mg
Epoetin alfa	2,000 units/mL	59676-0302-01	24.00	Q0136¹	1,000 units
	3,000 units/mL	59676-0303-01	36.00	Q0136¹	1,000 units
	4,000 units/mL	59676-0304-01	48.00	Q0136¹	1,000 units
	10,000 units/mL	59676-0310-01	114.00	Q0136¹	1,000 units
	20,000 units/2 mL	59676-0312-01	228.00	Q0136¹	1,000 units
VePesid® Capsules Etoposide, capsules, 50 mg	20 per box	00015-3091-45	694.91	J8560	50 mg
VePesid® For Injection Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	136.49	J9182	per 100 mg
	150 mg MDV	00015-3084-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 g MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Fludarabine phosphate, pwd	50 mg	50419-0511-06	174.30	J9185	per 50 mg
Fluorouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
	2,500 mg	00013-1046-94	7.69	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
• G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0347-10	152.30	J1440	per 300 mcg
•	480 mcg	55513-0348-10	242.50	J1441	per 480 mcg
• GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-01	112.18	J2820	per 250 mcg
•	500 mcg	58406-0001-01	211.15	J2820	per 250 mcg
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	358.55	J9202	per 3.6 mg
Kytril™ Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	166.00	J1625	per 1 mg
Hydrea® Hydroxyurea, capsules, 500 mg	100 per bottle	00003-0830-50	141.93		
Ifex® Ifosfamide	1 g	00015-0556-41	107.86	J9208	per 1 g
	3 g	00015-0557-41	323.64	J9208	per 1 g
Ifex®/Mesnex™ Ifosfamide (10 x 1 g/ mesna (10 x 1 g)	Combo-Pack	00015-3557-41	1,862.50	J9208	per 1 g
			15.43	J9209	per 200 mg
Ifosfamide (2 x 3 g/ mesna (9 x 400 mg)	Combo-Pack	00015-3559-41	924.95	J9208	per 1 g
			30.86	J9209	per 200 mg
Ifosfamide (5 x 1 g/ mesna (15 x 200 mg)	Combo-Pack	00015-3558-41	770.78	J9208	per 1 g
			77.15	J9209	per 200 mg
AWPs for the new Mesnex multidose vials are on page 3.					
Immune globulin intravenous, 5% pwd	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg

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REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	JUNE AWP/VIAL	'95 HCPCS CODE	BILLING UNITS
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	1,000 mg	00205-4653-02	61.44	J9260	per 50 mg
Methotrexate, preservative free sol (25 mg/mL)	50 mg	53905-0031-10	6.88	J9260	per 50 mg
	100 mg	53905-0032-10	8.75	J9260	per 50 mg
	200 mg	53905-0033-10	17.50	J9260	per 50 mg
	250 mg	53905-0034-10	26.88	J9260	per 50 mg
Methotrexate, sol w/preservative (25 mg/mL)	50 mg	00205-4556-26	4.75	J9260	per 50 mg
	250 mg	00205-5338-34	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	269.45	J8610	2.5 mg
	36 per bottle	00555-0572-35	91.56	J8610	2.5 mg
Metoclopramide, sol w/preservative (5 mg/mL)	2 mL	39769-0066-02	2.35	J2765	up to 10 mg
Metoclopramide, preservative free sol (5 mg/mL)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
	150 mg	00013-6126-95	23.54	J2765	up to 10 mg
Mitomycin*					
Mitomycin, pwd	5 mg	00015-3001-20	134.11	J9280	per 5 mg
	20 mg	00015-3002-20	452.91	J9290	per 20 mg
	40 mg	00015-3059-20	915.09	J9291	per 40 mg
Lysodren*					
Mitotane, tablets, 500 mg	100 per bottle	00015-3080-60	212.86		
Mitoxantrone, sol (2 mg/mL)	20 mg MDV	58406-0640-03	640.82	J9293	per 5 mg
	25 mg MDV	58406-0640-05	801.01	J9293	per 5 mg
	30 mg MDV	00205-9393-36	961.24	J9293	per 5 mg
Zofran*					
Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0442-00	233.02	J2405	per 1 mg
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02	22.51	J2405	per 1 mg
NEW • Ondansetron HCl, sol premixed (32 mg/50 mL D5W)	32 mg bag	00173-0461-00	196.76	J3490*, J9999*	per 1 mg
TAXOL*					
Paclitaxel, sol (6 mg/mL)	30 mg	00015-3456-20	182.63	J9265	per 30 mg
Pamidronate disodium, pwd	30 mg	00083-2601-04	177.24	J2430	per 30 mg
	60 mg	00083-2606-01	354.47	J2430	per 30 mg
	90 mg	00083-2609-01	531.71	J2430	per 30 mg
Pentostatin, pwd	10 mg	00071-4243-01	1,440.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
	50 mg MDV	00364-2231-54	8.40	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	86.95		
Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	J9999*/J3490†	
• Streptozocin, pwd	1 g	00009-0844-01	63.74	J9320	per 1 g
Vumon*					
Teniposide, 50 mg	5 mL amp	00015-3075-19	156.40	J9999*	per 50 mg
Thioplex*					
Thiolepa, pwd	15 mg	58406-0661-02	73.31	J9340	per 15 mg
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01	49.69	J3364	per 5,000 IU
	9,000 IU	00074-6145-02	86.65	J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	53905-0091-10	21.25	J9360	per 1 mg
	10 mg	00364-2447-54	37.50	J9360	per 1 mg
	10 mg	00469-2780-30	43.23	J9360	per 1 mg
Vinblastine sulfate, sol (1 mg/mL)	1 mg	00364-2448-51	31.75	J9370	per 1 mg
Vincristine, preservative free sol (1 mg/mL)	1 mg	00013-7456-86	37.08	J9370	per 1 mg
	2 mg	00364-2448-52	38.25	J9375	per 2 mg
	2 mg	00013-7466-86	74.13	J9375	per 2 mg
NAVELBINE*					
Vinorelbine tartrate, sol (10 mg/mL)	1 mL	00081-0656-01	46.88	J9999*/J3490†	
	5 mL	00081-0656-44	234.38	J9999*/J3490†	

* AWP, HCPCS code, or NDC has changed or item has been added since last issue. The information which has been changed or added is highlighted in color.

* The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care

Financing Administration has not assigned specific codes to these drugs.

† The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area; consult your local carrier for the appropriate code.

‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

♦ Some carriers may honor the higher AWP, using either J3490 or J9999. Some carriers will cover this item with J2405. Check with the carrier in your area for their specific instructions.

2300698

ONCOLOGY
THERAPEUTICS
NETWORK

CHANGES TO THE SPRING/ SUMMER 1995 SOURCEBOOK

The following are NEW products.

902-250	Zinecard™	dexrazoxane for injection	250 mg		\$111.00
902-260	Zinecard™	dexrazoxane for injection	500 mg		\$222.00
848-025	Polygam® S/D	immune globulin intravenous, 5% powder w/diluent	2.5 g		\$75.00
848-050	Polygam® S/D	immune globulin intravenous, 5% powder w/diluent	5 g		\$150.00
848-100	Polygam® S/D	immune globulin intravenous, 5% powder w/diluent	10 g		\$300.00

The following are new package configurations.

901-700	Mesnex®	mesna, sol (100 mg/mL)	1 g MDV		\$114.43
901-710	Mesnex®	mesna, sol (100 mg/mL)	1 g MDV	10	\$114.43
901-601	Ifex®/Mesnex®	ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack		\$592.91
901-606	Ifex®/Mesnex®	ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack		\$858.19
901-611	Ifex®/Mesnex®	ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack		\$1,430.70

The following reflect manufacturers' price increases.

920-100	Rocephin®	ceftriaxone sodium, powder	0.5 g	10	\$19.60
920-110	Rocephin®	ceftriaxone sodium, powder	1 g	10	\$33.55
920-120	Rocephin®	ceftriaxone sodium, powder	2 g	10	\$66.75
800-601	Neosar®	cyclophosphamide, powder	100 mg	12	\$4.65
800-621	Neosar®	cyclophosphamide, powder	500 mg	12	\$10.20
901-000	Cerubidine®	daunorubicin HCl, powder	20 mg	10	\$146.50
223-300	Procrit®	epoetin alfa	4,000 units/mL	6	\$42.55
223-540	Procrit®	epoetin alfa	4,000 units/mL	25	\$42.55
223-400	Procrit®	epoetin alfa	10,000 units/mL	6	\$95.00
223-590	Procrit®	epoetin alfa	10,000 units/mL	25	\$94.00
223-405	Procrit®	epoetin alfa	20,000 units/2 mL	6	\$188.00
901-300	FUDR	floxuridine, powder	500 mg		\$119.95
840-150	Romazicon™	flumazenil, solution (0.1 mg/mL)	0.5 mg MDV	10	\$35.00
840-160	Romazicon™	flumazenil, solution (0.1 mg/mL)	1 mg MDV	10	\$56.00
221-100	Neupogen®	G-CSF, solution (0.3 mg/mL)	1 mL	10	\$126.00
221-110	Neupogen®	G-CSF, solution (0.3 mg/mL)	1.6 mL	10	\$202.25
222-100	Leukine®	GM-CSF, lyophilized	250 mcg		\$100.60
222-110	Leukine®	GM-CSF, lyophilized	500 mcg		\$189.40
590-018		Illinois sternal/iliac bone marrow biopsy needle (18 Ga. x adjustable)	10 ea./case		\$126.00
230-210	Fluzone®	influenza virus vaccine, whole virus	10 doses/vial		\$25.25
230-220	Fluzone®	influenza virus vaccine, split virus	10 doses/vial		\$25.25
220-200	Alferon® N	interferon alfa N3, solution (5 MIU/mL)	5 MIU		\$134.00
960-300	Versed®	midazolam, solution (1 mg/mL)	2 mg	10	\$4.30
960-310	Versed®	midazolam, solution (5 mg/mL)	5 mg	10	\$9.45
200-050	Abbokinase®	urokinase, solution (5,000 IU/mL)	5,000 IU		\$47.00
200-090	Abbokinase®	urokinase, solution (5,000 IU/mL)	9,000 IU		\$81.00

The Network has decreased the price of the following product.

220-050		amphotericin B, powder	50 mg		\$24.00
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The following item has been discontinued. The same needle is available in cases of 10 (catalog #590-019).

590-008	Jamshidi®	bone marrow biopsy needle, contoured, (11 Ga. x 4")	5 ea./case		\$100.00
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Due to the elimination of the manufacturer's rebate, the following price has increased.

900-200	Kytril™	granisetron HCl, solution (1 mg/mL)	1 mL		\$128.00
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